IMPACT OF ACCESS TO HEALTH SERVICES ON ORAL HEALTH INEQUALITIES

MAGNUS HAKEBERG

- Health services in dental care
- Inequalities in oral health
- Mechanisms and concepts
- Examples from different countries

Health services

Accessibility

Affordability

Availability

Acceptability

Accommodation

Penchansky and Thomas, 1981

Health services

Accessibility:

Location of services

Physical access

Health services

Affordability:

Cost of treatment

Direct

Indirect

Health services

Availability:

Coverage

Distribution of workforce (eg. inverse care law)

Workforce ratio

Health services

Acceptability:

Expectations and satisfaction of services

Communication

Health services

Accommodation:

Provision of services

Health services

According to R Harris, U of Liverpool:

Dental care access is a multidimensional construct

1.Opportunity for access (service availability)

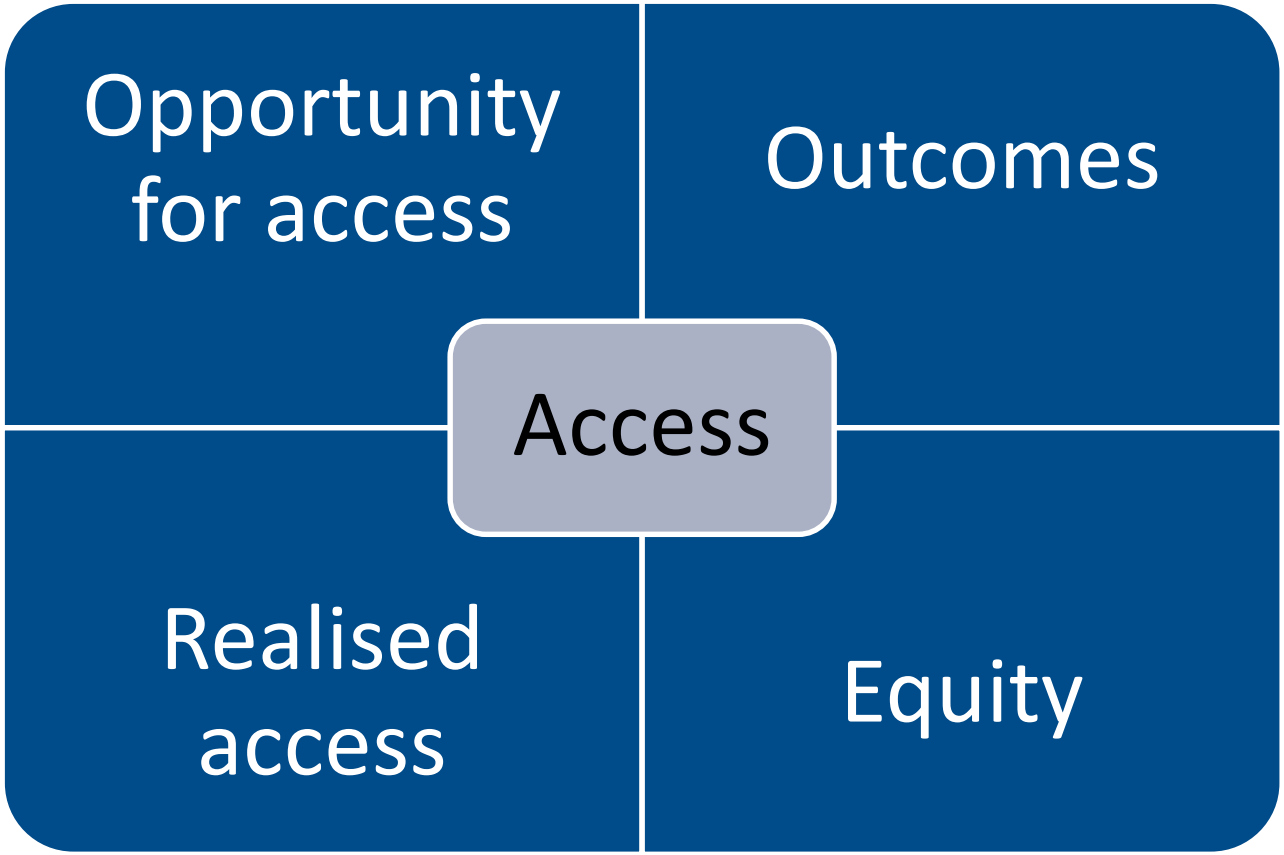
2. Realised access (service utilisation)

3. Equity

4. Outcomes of care

Important with a clear definition across countries

Concepts of dental health services according to Harris, 2013



Health services

Opportunity for access (service availability)

’Individuals have the opportunity to obtain dental services they need’

-For emergency

-For restorative care and rehabilitation

-For prevention and health promotion

Health services

Realised access (service utilisation)

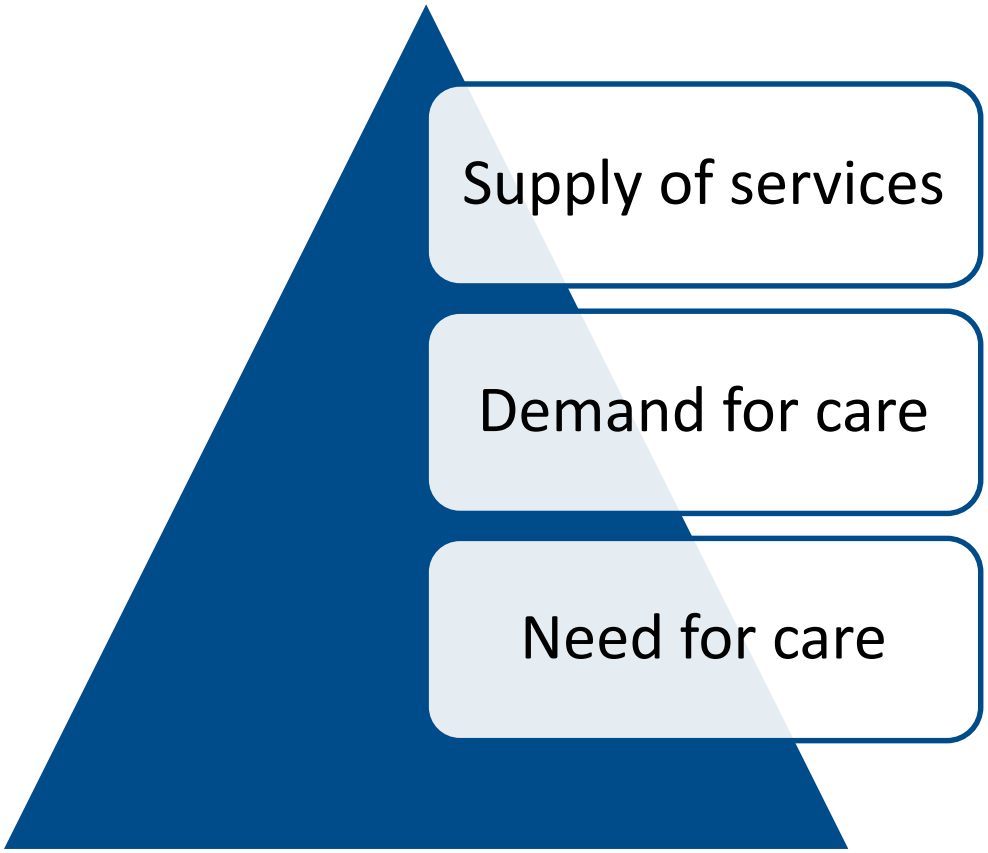
-Needed care

-Demanded care

+

-Supply of dental services

Internal and external factors of utilisation of dental care.
(Harris, 2013)



Health services

Analysis based on dental care utilisation in general show a typical gradient in oral health.

Low utilisation -> poorer oral health

Health services

Equity

-Health care is accessed according to need

-Ability to pay for health care

Health services

Equity

-Even after a reform in Finland of universal dental health coverage, there continued to be prorich inequalities and inequity in dental health services/utilisation of care.

-Prorich distribution of utilisation differs between countries:

e.g high in Italy, Portugal and Finland

Lower in Netherlands and Sweden

Raittio et al, 2015

Health services

Outcomes of care

-Need of dental care/intervention

-Getting effective treatment

Health services

Policy/policies

Type of national/regional coverage for dental care

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services.

WHO

Health services

Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of health interventions.

WHO

Health services

Improving access, coverage and quality of services depends on these key resources being available; on the ways services are organized and managed, and on incentives influencing providers and users.

WHO

Health services

Will differ between countries and sometimes within countries

BUT should include some important structures:

(Millenium Development Goals, WHO)

-Comprehensiveness

-Accessibility

-Continuity

Health services

-People-centeredness

-Coordination

-Accountability

-Efficiency

Dental health services

Main barriers:

-Cost

-Dental anxiety/phobia

Finch, 1988

Hill et al, 2013

Dental health services

Main barriers on the patient side:

-Cost

-Dental anxiety/phobia

-Disabilities

-Minorities

Dental health services

Main barriers on the service side:

-Location

-Resources

-Dentist-ratio

-Clinic-ratio

Dental health services

Main barriers on the dental care system side:

-Marketization

-Privatization

Oral health inequalities

-Today established fact globally

-WHO social determinants of health

-Associated with health services

-Change over time

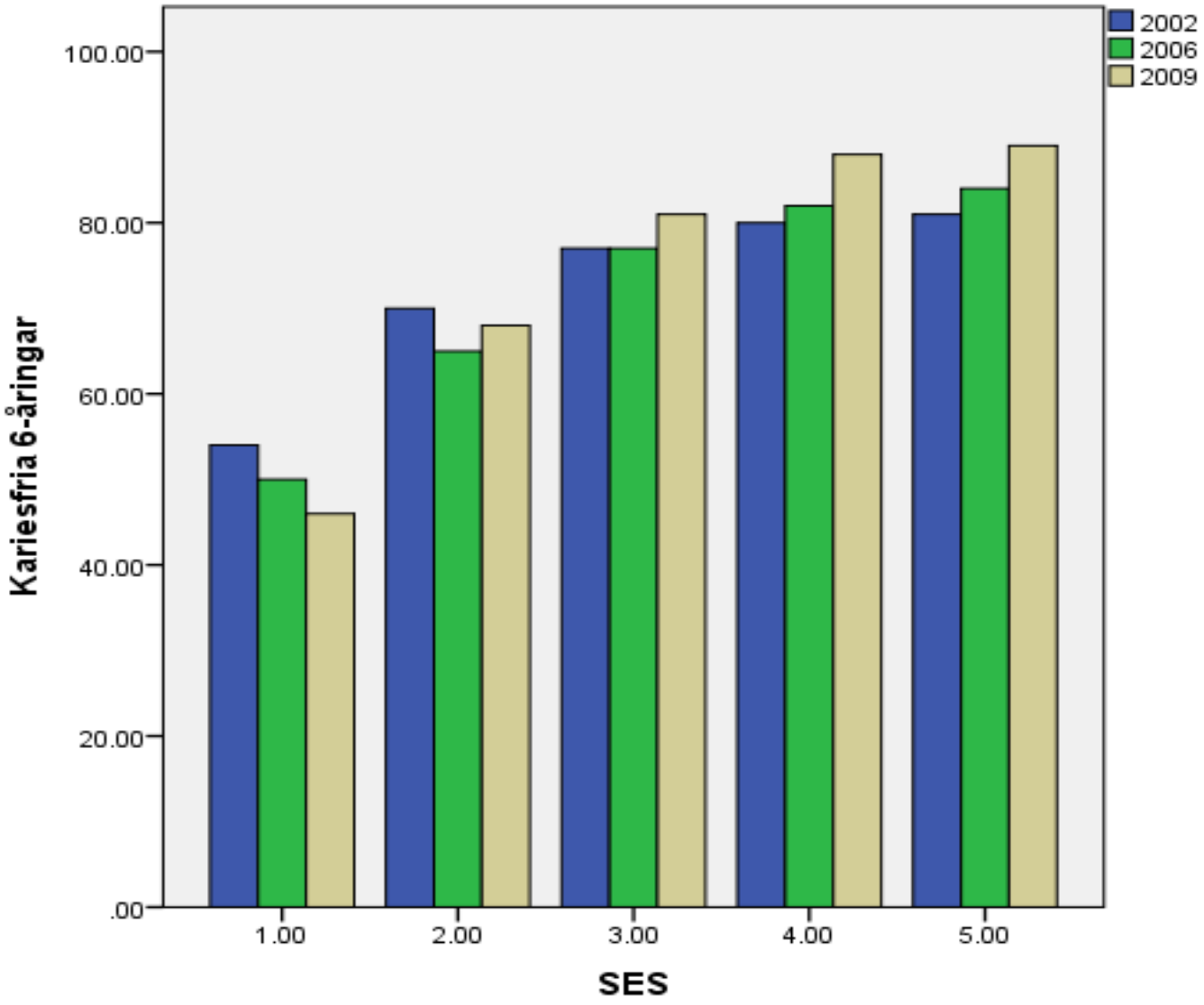
Mean number of teeth (SD) and social class among 38 and 50 yr olds

		1968 / 69 Mean (SD)	1980 / 81 Mean (SD)	1992 / 93 Mean (SD)	2004 / 05 Mean (SD)
38 years old	Social class I	25.8 (3.2)	27.4 (2.0)	27.1 (2.6)	28.9 (2.2)
	Social class II	22.7 (6.5)	25.5 (5.5)	28.2 (2.0)	29.0 (2.7)
	Social class III	20.5 (8.1)	24.0 (6.4)	28.1 (2.4)	28.8 (2.5)
50 years old	Social class I	21.4 (6.5)	23.7 (4.9)	27.6 (0.5)	27.9 (2.1)
	Social class II	16.4 (8.8)	21.3 (7.0)	25.0 (5.1)	27.7 (2.5)
	Social class III	11.0 (9.4)	19.6 (7.8)	21.1 (7.6)	26.1 (4.6)

Parallell results for education and income

Wennström et al, 2013

# Number of caries-free 6 year old children in a region in Sweden
1=lowest SES - 5=highest SES



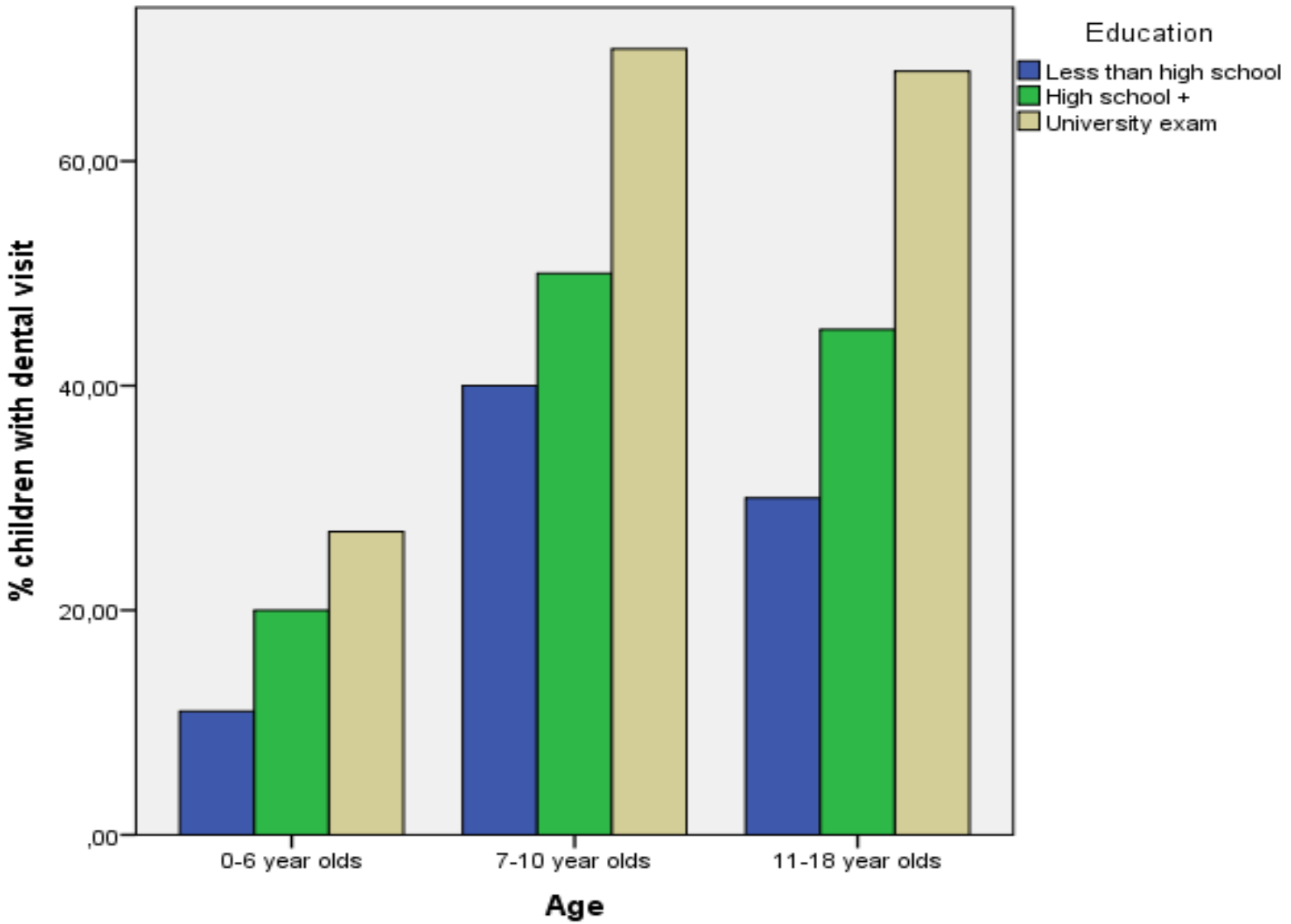
Oral health inequalities

-Equity in access to healthcare

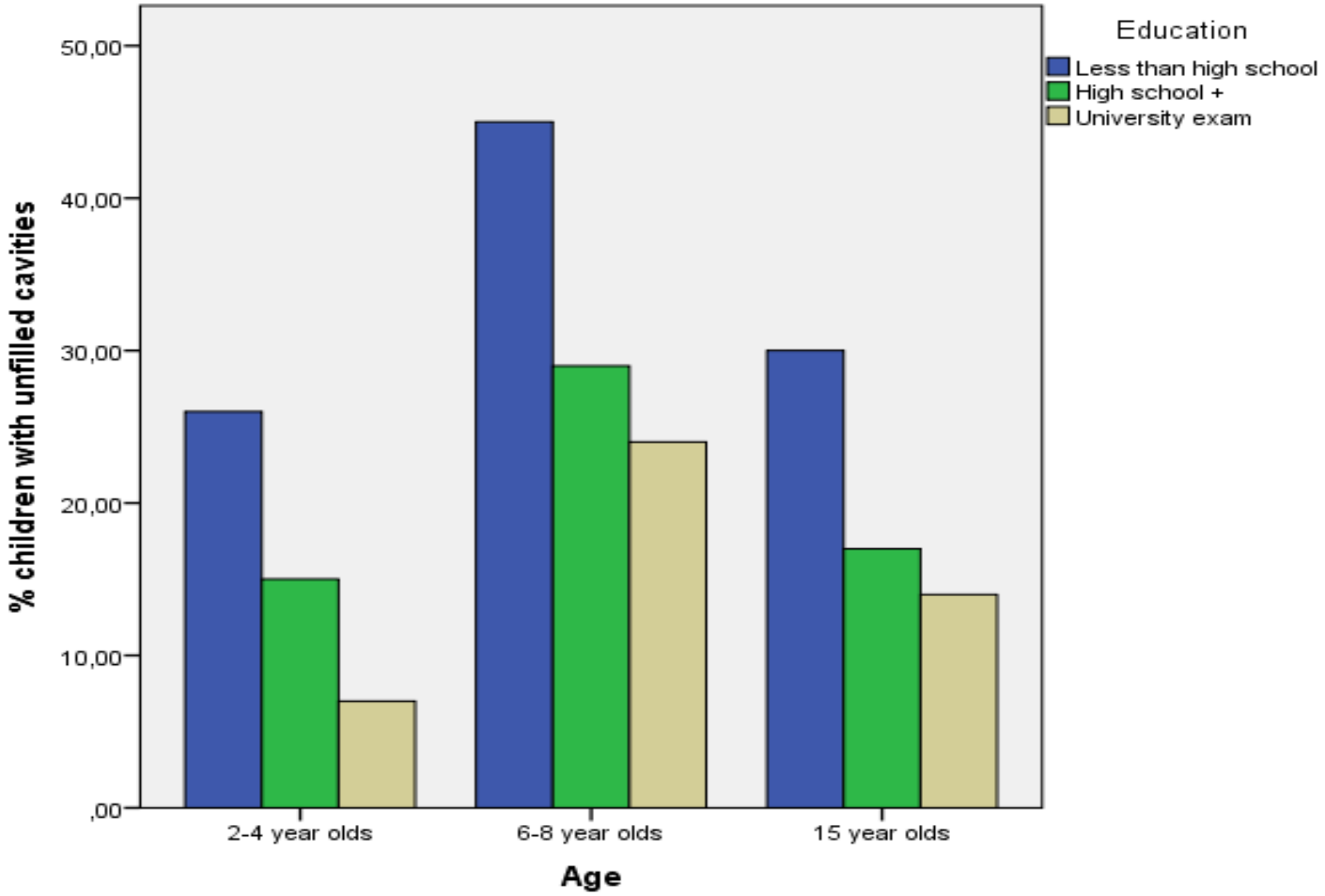
-Surveillance over time needed

-Equivalent metrics needed for measurement

Dental care visit by age and education (Edelstein, 2002)



Percent children with unfilled cavities by age and education (Edelstein, 2002)



Example of the pathway between dental health services and oral health

Inequity in access to dental care services explains current disparities in oral health:

Wamala et al, 2006.

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Absolute levels for lack of access to dental care services

Refraining from seeking care

Socioeconomic disadvantage	Men	Women
None	10%	10%
Mild	27%	23%
Severe	49%	48%

Socioeconomic disadvantage: being on social welfare, unemployment, financial crisis, lacking cash reserves. Total sum 0-4. Trichotomized into none=0, mild=1, and severe=2-4.

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Absolute levels for poor oral health

Self-rated poor oral health

Socioeconomic disadvantage	Men	Women
None	8%	6%
Mild	17%	12%
Severe	32%	26%

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Logistic regression for lack of access to dental care services.
Adjusted for age, lifestyle factors, dietary habits, physical inactivity.

Refraining from seeking treatment

Socioeconomic disadvantage	Men OR, 95% CI	Women OR, 95% CI
None	Reference	Reference
Mild	2.6 (2.4-2.8)	2.6 (2.4-2.8)
Severe	6.2 (5.7-6.8)	6.8 (6.3-7.3)

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Logistic regression for poor oral health.
Adjusted for age, refraining from seeking dental care, lifestyle factors, dietary habits, physical inactivity.

Self-rated poor oral health

Socioeconomic disadvantage	Men OR, 95% CI	Women OR, 95% CI
None	Reference	Reference
Mild	1.6 (1.4-1.8)	1.4 (1.2-1.6)
Severe	2.3 (2.0-2.6)	2.5 (2.3-2.8)

An increase from 29% to 65% of explained variance after inclusion of refraining from seeking dental care to the full model

Future aspects of dental health services and oral health

-Universal health coverage

-Access to health care based equality and equity

-More and targeted resources in deprived areas

-Better applications of preventive and promotive actions

Dental health services

EADPH should work for a uniform measurement of dental health services in order to critically examine and analyze differences in dental health services between and within countries, and eventually interpret services' effect on health outcomes.